Listing of the Claims:

Claims 1-30 (Canceled)

31. (Presently amended) A flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a generally trapezoid shape and four arms, said trapezium having two lateral sides, a smaller base, and a larger base, said bases being generally parallel to each other[[parallel]] said device comprising:

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- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the large[[r]] base of the trapezium, from the ends of which branch off two rear arms diverging from each other and each generally parallel to the lateral side of the trapezium from which they branch off;

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characterized in that the said two front arms branch off from the front portion in opposite directions from each other and are coaxial with each other and generally parallel to said smaller base; and the said central portion has a central hole from which starts a cleft.

32. (Previously presented) The device according to Claim 31, wherein said cleft longitudinally cuts the rear portion of said central body.

33. (Previously presented) The device according to Claim 31, wherein said cleft longitudinally cuts the front portion of said central body.

34. (Presently amended) The device according to Claim 31, comprising a set of right and left halves formed by a cleft that longitudinally cuts both the front portion and the rear portion of said central body said halves being rejoinable along said cleft during surgical implantation into the vaginal cavity.

35. (Previously presented) The device according to Claim 31, wherein said cleft transversely cuts the right central portion of said central body.

36. (Previously presented) The device according to Claim 31, wherein said cleft transversely cuts the left central portion of said central body.

37. (Previously presented) The device according to Claim 31, wherein said material with a reticular or laminar structure is selected from the group consisting of materials of organic origin and materials of a synthetic nature.

38. (Previously presented) The device according to Claim 37, wherein said material with a reticular or laminar structure is selected from the group consisting of membrane of bovine pericardium, human fascia lata, acellular matrix of pig collagen, and submucosa of pig small intestine.

39. (Previously presented) The device according to Claim 38, wherein material with a reticular or laminar structure comprises a said membrane of bovine pericardium that is treated with glutaraldehyde and heparin.

40. (Previously presented) The device according to Claim 31, wherein said material is of a synthetic nature and is selected from a group of materials based on single-filament polypropylene.

41. (Previously presented) The device according to Claim 31, wherein said material is of synthetic origin and is a mixture of polypropylene and polyglactin.

42. (Previously presented) The device according to Claim 37, wherein said material has holes having diameter comprised between 0.01 cm and 0.05 cm, at a distance from each other of between 0.06 and 0.1 cm.

43. (Previously presented) The device according to Claim 37, wherein said material has holes having diameter of 0.03 cm, at a distance from each other of 0.08 cm.

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46. (Presently amended) The device according to Claim 31, having:

- a length a-a of the front arms between 8.0 and 15 cm;

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- a length b-b of the front portion between 2.5 and 6.0 cm;
- a length c-c of the front portion between 3.0 and 6.0 cm;
- a width b-c of the front arms between 1.0 and 3.0 cm;
- a length d-y of the front portion between 2.5 and 6.5 cm;
- a total length d-z of the device between 11 and 15 cm;
- a distance y-x in the central hole U between 0.6 and 1.6 cm;
- a distance x-e in the central hole U, the same as or different from the distance y-x, between 0.6 and 1.6 cm;
- a length e-f of the rear portion between 1.8 and 4.0 cm;
- a distance h-h between the rear arms between 1.5 and 7.0 cm;
- a distance g-g between the rear arms between 4.9 and 10 cm;
- a distance i-i between the rear arms between 4.5 and 10.5 cm;
- a length h-i of the rear arms between 2.5 and 6.5 cm.

47. (Previously presented) The device according to Claim 46, wherein:

- the length a-a of the front arms is 10 cm;
- the length b-b of the front portion is 3.8 cm;
- the length c-c of the front portion is 3.8 cm;
- the width b-c of the front arms is 2.0 cm;
- the length d-y of the front portion is 4.0 cm;
- the total length d-z of the device is 12 cm;
- the distance y-x in the central hole U is 1.1 cm;
- the distance x-e in the central hole U is 1.1 cm;
- the length e-f of the rear portion is 2.3 cm;

- the distance h-h between the rear arms is 5.0 cm for patients with a large body size and 3.5 cm for patients with a small size;

- the distance g-g between the rear arms is 7.6 cm for patients with a large body size and 6.0 cm for patients with a small size;

- the distance i-i between the rear arms is 8.5 cm for patients with a large body size and 6,5 cm for patients with a small size;

- the length h-l of the rear arms is 4.5 cm.

48. (Presently amended) [[A]] The method for surgically implanting[[,]] the flat implantable device as described in Claim 31 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

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49. (Presently amended) [[A]] The method for surgically implanting the flat implantable device as described in Claim 32 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

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50. (Presently amended) Method A method for surgically implanting the flat implantable device as described in Claim 33 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the

vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

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51. (Presently amended) [[A]] The method for surgically implanting the flat implantable device as described in Claim 34 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

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52. (Presently amended) [[A]] The method for surgically implanting the flat implantable device as described in Claim 35 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

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53. (Presently amended) [[A]] The method for surgically implanting the flat implantable device as described in Claim 36 in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

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55. (Presently amended) The method according to Claim 48, wherein, Inserting said device into the vaginal cavity of the patient is ~~when the said device is inserted into the vaginal cavity of the patient~~ by means of "tension free" vaginal surgery, where the said device is positioned inside the vaginal cavity without fixing it, but only making dissections in the tendineous arch of the levator ani which guarantee the positioning of the front arms of the said device.

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60. (Presently amended) [[A]] The method for surgically implanting the flat implantable device as described in Claim 44 in a patient suffering of a partial prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery.

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62. (Presently amended) A method in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, for surgically implanting a flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

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- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, in which the cleft extends longitudinally from the central hole, cutting the rear portion of said central portion.

~~in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina,~~ comprising: ~~inserting the said device into the vaginal cavity of the patient by means of a surgical approach selected from the group consisting of vaginal surgery.~~

~~wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises:~~ (a) making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus; (b) penetrating the tendinous arch of the levator ani through the front vaginal wall; (c) bilaterally opening said tendineous arch for about 2 cm; (d) inserting said device into the vaginal cavity of the patient; (e) fixing the two front arms of the said device respectively on the right and on the left on the said opened tendineous arch; (f) passing respectively the two rear arms by the sides of the neck of the uterus, one on the right and one on the left until the central part of the said device surrounds the neck of the uterus; (g) rejoining the right and the left half of the rear portion of the device in the centre [[with two stitches]]; and (h) bilaterally fixing the rear arms to the sacrospinous ligament or to the iliococcygeal muscle.

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63. (Presently amended) A method for surgically implanting a flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

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- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, in which the cleft extends longitudinally from the central hole, cutting the front portion of said central body,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, selected from the group consisting of vaginal surgery,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uteruspenetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; bilaterally fixing the rear arms to the sacrospinous ligament or to the iliococcygeal muscle passing respectively the two front arms by the sides of the neck of the uterus, one on the right and one on the left until the central part of the said device surrounds the neck of the uterus; rejoining the right and the left half of the front portion of the device in the centre [[with two stitches]]; and, fixing the two front arms of the said device respectively on the right and on the left on the said opened tendineous arch.

64. (Presently amended) A method for surgically implanting a flat implantable device made of material with a reticular or laminar structure for supporting the female

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pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, wherein said cleft longitudinally cuts both the rear portion and the front portion of said central body,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach, ~~selected from the group consisting of vaginal surgery,~~

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wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing first one half of the said device through the two front and rear arms and then the other half respectively to the opened tendineous arch and to the sacrospinous ligament or to the iliococcygeal muscle; rejoining the two halves already fixed both at the front and at the rear on the front portion and on the rear portion, taking care to position the neck of the uterus in the central hole.

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65. (Presently amended). A method for surgically implanting the flat implantable device made of material with a reticular or laminar structure for supporting

the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, wherein said cleft longitudinally cuts both the front portion and the rear portion of said central body,

In a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, comprising inserting the said device into the vaginal cavity of the patient by means of a surgical approach ~~selected from the group consisting of vaginal surgery, mixed vaginal/abdominal surgery, vaginal/laparoscopical surgery, and mini-invasive surgery;~~

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wherein, ~~when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery,~~ said method comprises: (a) making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus; (b) penetrating the tendinous arch of the levator ani through the front vaginal wall; (c) inserting said device into the vaginal cavity of the patient; (d) bilaterally opening said tendineous arch for about 2 cm; (e) fixing first the two rear arms of the said device to the sacrospinous ligament or to the iliococcygeal muscle or the two front arms of the said device on the said opened tendineous arch; (f) passing respectively the two front arms or rear arms by the size of the neck of the uterus respectively both on the left or on the right until the central part of the said device surrounds the neck of the uterus; (g) bilaterally fixing the front arms on the said opened tendineous arch or the rear arms

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to the sacrospinous ligament or to the iliococcygeal muscle; and (h) rejoining the two halves already fixed both at the front and at the rear on the front portion and on the rear portion, taking care to position the neck of the uterus in the central hole.

66. (New). A method for surgically implanting a flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium; characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft, in which the cleft transversely cuts respectively the right or left central portion of said central body,

in a non-hysterectomised patient suffering a prolapse of the vaginal vault or partial or total prolapse of pelvic organs through the vagina, including ~~comprising~~ inserting the said device into the vaginal cavity of the patient by means of a surgical approach~~, selected from the group consisting of vaginal surgery,~~

~~wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery,~~ said method comprises: (a) making an incision extending from the front vaginal wall to the rear wall, excluding the neck of the uterus; (b) penetrating the tendinous arch of the levator ani through the front vaginal wall; (c) bilaterally opening said tendineous arch for about 2 cm; (d) inserting said device into the vaginal cavity of the patient; (e) fixing the two rear arms of the said device to the

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sacrospinous ligament or to the iliococcygeal muscle or the two front arms of the said device on the said opened tendineous arch; (f) passing respectively the two front arms or rear arms by the size of the neck of the uterus respectively both on the left or on the right until the central part of the said device surrounds the neck of the uterus; (g) rejoining the said cleft in the center with stitching; and (h) bilaterally fixing the front arms on the said opened tendineous arch or the rear arms to the sacrospinous ligament or to the iliococcygeal muscle.

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67. (Presently amended) A method for surgically implanting a flat implantable device made of material with a reticular or laminar structure for supporting the female pelvic organs, having a central body with a trapezoid shape with small and large bases and four arms, comprising:

- a front portion corresponding to the smaller base of the trapezium, from the ends of which branch off two front arms;

- a central portion corresponding to the central part of the trapezium;

- a rear portion corresponding to the larger base of the trapezium, from the ends of which branch off two rear arms diverging from each other and parallel to the sides of the trapezium;

characterized in that the said two front arms branch off from the front portion in opposite directions and are coaxial with each other and parallel to said smaller base; and the said central portion has a central hole from which starts a cleft,

wherein, when the said device is inserted into the vaginal cavity of the patient by means of vaginal surgery, said method comprises: making an incision extending from the front vaginal wall to the rear vaginal wall [[cervix]]; penetrating the tendinous arch of the levator ani through the front vaginal wall; bilaterally opening said tendineous arch for about 2 cm; fixing the two front arms of the said device respectively on the right and on the left on the said opened tendineous arch; and bilaterally fixing the rear arms to the sacrospinous ligament or to the iliococcygeal muscle.

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68. (New) A device according to Claim 31 wherein,

a) said front arms have opposite ends that are spaced apart from each other a length a-a of length between 8.0 and 15 cm.,

b) said smaller base has length b-b between 3.0 and 6.0 cm.,

c) said device has total length d-z between 11 and 15 cm.,

d) said larger base has length h-h between 1.5 and 7.0 cm.,

e) said rear arms have opposite ends spaced apart from each a length i-I between 4.5 and 10.5 cm, and

f) said control hole U has diameter length y-e between 1.2 and 3.2 cm.

69. (New) A device according to Claim 68 wherein,

a) length a-a is 10 cm.,

b) length b-b is 3.8 cm.,

c) length d-z is 12 cm.,

d) length h-h is 3.5 to 5.0 cm., and

e) length i-I is 6.5 to 8.5 cm.